

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED
FEC MAIL CENTER
2016 JUN 20 AM 10:14
Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

COLLINS FOR CONGRESS

ADDRESS (number and street)

3045 DARLEN PARK DRIVE



Check if different
than previously
reported. (ACC)

1205 WELLS

GA

30076-

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C00611137

3. IS THIS
REPORT



NEW
(N)

OR



AMENDED
(A)

STATE ▼ DISTRICT

GA

111

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the
State of

MM / DD / YYYY

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the
State of

MM / DD / YYYY

5. Covering Period

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

through

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

CATHERINE ANN PAGE

Signature of Treasurer

C. H. Swell - campaign mgr.
IN LIEU OF CATHERINE ANN PAGE

Date

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

COLLINS FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY
05 / 12 / 2016

To:

MM / DD / YYYY
06 / 30 / 2016

COLUMN A

This Period

COLUMN B

Election Cycle-to-Date

6. Net Contributions (other than loans)

(a) Total Contributions
(other than loans) (from Line 11(e))

760.97

4,898.19

(b) Total Contribution Refunds
(from Line 20(d))

0

0

(c) Net Contributions (other than loans)
(subtract Line 6(b) from Line 6(a))

760.97

4,898.19

7. Net Operating Expenditures

(a) Total Operating Expenditures
(from Line 17)

1,574.97

12,552.41

(b) Total Offsets to Operating
Expenditures (from Line 14)

0

0

(c) Net Operating Expenditures
(subtract Line 7(b) from Line 7(a))

1,574.97

12,552.41

8. Cash on Hand at Close of
Reporting Period (from Line 27)

43,274.10

9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D)

0

10. Debts and Obligations Owed BY
the Committee (Itemize all on
Schedule C and/or Schedule D)

7659.05

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

COLLINS FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY
05 / 12 / 2016

To:

MM / DD / YYYY
06 / 30 / 2016

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A)

(ii) Unitemized

(iii) TOTAL of contributions
from individuals

(b) Political Party Committees

(c) Other Political Committees
(such as PACs)

(d) The Candidate

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

500.00

260.97

760.97

0

0

0

760.97

500.00

4398.19

4898.19

0

0

0

4898.19

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0

0

13. LOANS:

(a) Made or Guaranteed by the
Candidate

(b) All Other Loans

(c) TOTAL LOANS
(add Lines 13(a) and (b))

250.00

77.49

327.49

5447.00

2189.05

7636.05

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0

0

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0

0

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)

1088.46

12534.24

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

15,749.7

12,552.41

18. TRANSFERS TO OTHER
AUTHORIZED COMMITTEES

0

0

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed
by the Candidate.....

0

0

(b) Of All Other Loans

0

0

(c) TOTAL LOAN REPAYMENTS
(add Lines 19(a) and (b)).....

0

0

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other
Than Political Committees

0

0

(b) Political Party Committees.....

0

0

(c) Other Political Committees
(such as PACs)

0

0

(d) TOTAL CONTRIBUTION REFUNDS
(add Lines 20(a), (b), and (c)).....

0

0

21. OTHER DISBURSEMENTS

0

0

22. **TOTAL DISBURSEMENTS**
(add Lines 17, 18, 19(c), 20(d), and 21) ►

15,749.7

12,552.41

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

4,532.77

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

10,884.6

25. SUBTOTAL (add Line 23 and Line 24).....

15,417.37

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

15,749.7

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD
(subtract Line 26 from Line 25).....

432.77

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

COLLINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. **CARLYLE GREGORY, JR.**

Mailing Address

140 LITTLE FALLS STREET

City

FALLS CHURCH

State

VA

Zip Code

22046

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARLYLE GREGORY CO.

Occupation

CONSULTANT

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

05 / 31 / 2016

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

COLLINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

A.

USPS

Mailing Address

ALPHARETTA HWY

City

ROSWELL

State

GA

Zip Code

30076

Purpose of Disbursement

FEC QUARTERLY FILING - CERTIFIED MAIL

Candidate Name

HAYDEN COLLINS

Category/
Type

001

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify) ▼

State: GA

District: 11

Full Name (Last, First, Middle Initial)

Date of Disbursement

05 / 12 / 2016

Amount of Each Disbursement this Period

757

☐ Memo Item

B.

CHOICE SAVINGS

Mailing Address

839 ATLANTA STREET

City

ROSWELL

State

GA

Zip Code

30075

Purpose of Disbursement

ADVERTISING

Candidate Name

HAYDEN COLLINS

Category/
Type

004

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify) ▼

State: GA

District: 11

Full Name (Last, First, Middle Initial)

Date of Disbursement

05 / 23 / 2016

Amount of Each Disbursement this Period

519.40

☐ Memo Item

C.

WELLS FARGO

Mailing Address

12172 Hwy 92

City

WOODSTOCK

State

GA

Zip Code

30188

Purpose of Disbursement

SERVICE FEE

Candidate Name

HAYDEN COLLINS

Category/
Type

001

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify) ▼

State: GA

District: 11

Full Name (Last, First, Middle Initial)

Date of Disbursement

05 / 31 / 2016

Amount of Each Disbursement this Period

14.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

540.97

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

COLLINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CHOICE SAVINGS

Mailing Address

839 ATLANTA STREET

City

ROSWELL

State

GA

Zip Code

30075

Purpose of Disbursement

ADVERTISING

004

Candidate Name

HAYDEN COLLINS

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify) ▼

State: GA

District: 11

Date of Disbursement

06 / 06 / 2016

Amount of Each Disbursement this Period

4,000.00

☐ Memo Item

B. WELLS FARGO

Mailing Address

12172 Hwy 92

City

WOODSTOCK

State

GA

Zip Code

30188

Purpose of Disbursement

SERVICE FEE

001

Candidate Name

HAYDEN COLLINS

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify) ▼

State: GA

District: 11

Date of Disbursement

06 / 30 / 2016

Amount of Each Disbursement this Period

14.90

☐ Memo Item

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

000

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

 / /

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4,140.00

954.97

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE OF

FOR LINE NUMBER:
(check only one)

13a
13b

NAME OF COMMITTEE (In Full)

COLLINS FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election:

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

19 RIDGEVIEW COURT SW

City

State

ZIP Code

CARTERSVILLE GA 30120

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

5220.00

0

5220.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

03

03

2016

03

03

OPEN

0

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source *NONE*

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

5220.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE **1** OF **1**
FOR LINE NUMBER:
(check only one) ☐ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

COLLINS FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

COLLINS, HAYDEN T.

☐ Memo Item

Election:

☐ Primary

☐ General

☒ Other (specify) ▼

POST PRIMARY

Mailing Address

19 RIDGEVIEW COURT SW

City

State

ZIP Code

CANTERSVILLE

GA

30120

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

250.00

0

250.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

06

01

2016

06

01

OPEN

0 % (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

NONE

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

0

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

0

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

0

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

0

SUBTOTALS This Period This Page (optional).....

250.00

TOTALS This Period (last page in this line only).....

5470.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE OF

FOR LINE NUMBER:
(check only one)

13a
13b

NAME OF COMMITTEE (In Full)

Collins for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election:

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

3045 DARIEN PARK DR.

City

State

ZIP Code

Roswell

GA

30076

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

211,156

0

211,156

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M

D D

2016

M M

D D

OPEN

0 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

0

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

0

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

0

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

0

SUBTOTALS This Period This Page (optional)..... ►

TOTALS This Period (last page in this line only) ►

211,156

0

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

2016-07-20 08:00:00

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE **1** OF **1**
FOR LINE NUMBER:
(check only one) ☐ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

COLLINS FOR CONCRETS

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election:

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

3045 DARLEN PARK DR

City

State

ZIP Code

Roswell

GA

30076

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

77.49

0

77.49

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

MM / DD / YYYY

MM / DD / YYYY

2016

MM / DD / YYYY

MM / DD / YYYY

OPEN

0 % (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

0

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

0

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

0

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

0

SUBTOTALS This Period This Page (optional)..... ▶

77.49

TOTALS This Period (last page in this line only)..... ▶

2189.05

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3)

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
Information found on
Page ____ of Schedule C

| | | | |
|--|--|--|--|
| NAME OF COMMITTEE (In Full) <i>Collins For Congress</i> | | FEC IDENTIFICATION NUMBER <i>C00611137</i> | |
| LENDING INSTITUTION (LENDER) Full Name | | Amount of Loan <div style="border: 1px solid black; height: 20px;"></div> | |
| Mailing Address | | Interest Rate (APR) <div style="border: 1px solid black; height: 20px;"></div> % | |
| City State Zip Code | | Date Incurred or Established <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px;"></div></div><div style="border: 1px solid black; height: 20px;"></div></div> | |
| Date Due | | Date Incurred or Established <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px;"></div></div><div style="border: 1px solid black; height: 20px;"></div></div> | |
| A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px;"></div></div><div style="border: 1px solid black; height: 20px;"></div></div> | | | |
| B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; height: 20px;"></div> | | Total Outstanding Balance: <div style="border: 1px solid black; height: 20px;"></div> | |
| C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.) | | | |
| D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____ | | What is the value of this collateral? <div style="border: 1px solid black; height: 20px;"></div> Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____ | | What is the estimated value? <div style="border: 1px solid black; height: 20px;"></div> | |
| A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px;"></div></div><div style="border: 1px solid black; height: 20px;"></div></div> | | Location of account: Address: _____ City, State, Zip: _____ | |
| F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. | | | |
| G. COMMITTEE TREASURER Typed Name Signature | | DATE <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px;"></div></div><div style="border: 1px solid black; height: 20px;"></div></div> | |
| H. Attach a signed copy of the loan agreement. | | | |
| I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan. | | | |
| AUTHORIZED REPRESENTATIVE Typed Name Signature | | DATE <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px;"></div></div><div style="border: 1px solid black; height: 20px;"></div></div> | |
| Title | | DATE <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px;"></div></div><div style="border: 1px solid black; height: 20px;"></div></div> | |

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

Ø NONE

(Use separate
schedule(s)
for each
numbered line)

PAGE OF

FOR LINE NUMBER:
(check only one)

9
10

NAME OF COMMITTEE (In Full)

COLLIER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)

2) TOTALS This Period (last page this line number only)

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

FEC FORM 3Z (File with Form 3)

CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used By A Principal Campaign Committee)

NOT APPLICABLE

| | | | | | |
|--|--|--|--|--|---|
| Name of Principal Campaign Committee (In Full) | | Report Covering Period: From: <input type="text"/> / <input type="text"/> / <input type="text"/> To: <input type="text"/> / <input type="text"/> / <input type="text"/> | | | |
| Committee Name | | | | (a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees | (b) Line No. 11(b) Total Contributions From Political Party Committees |
| A | | | | | |
| B | Column Total Last Page Only..... | | | | |
| | (c) Line No. 11(c) Total Contributions From Other Political Committees | (d) Line No. 11(d) Total Contributions From The Candidate | (e) Line No. 11(e) Total Contributions | (f) Line No. 12 Total Transfers From Other Authorized Committees | (g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate |
| A | | | | | |
| B | | | | | |
| | (i) Line No. 13(c) Total Loans | (j) Line No. 14 Total Offsets to Operating Expenditures | (k) Line No. 15 Total Other Receipts | (l) Line No. 16 Total Receipts | (m) Line No. 17 Total Operating Expenditures |
| A | | | | | |
| B | | | | | |
| | (o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate | (p) Line No. 19(b) Total Loan Repayments of All Other Loans | (q) Line No. 19(c) Total Loan Repayments | (r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons | (s) Line No. 20(b) Total Contribution Refunds to Political Party Committees |
| A | | | | | |
| B | | | | | |
| | (u) Line No. 20(d) Total Contribution Refunds | (v) Line No. 21 Total Other Disbursements | (w) Line No. 22 Total Disbursements | (x) Line No. 23 Cash on Hand Beginning of Reporting Period | (y) Line No. 27 Cash on Hand Close of Reporting Period |
| A | | | | | |
| B | | | | | |
| | (aa) Line No. 10 Debts & Obligations Owed BY the Committee | (bb) Line No. 6(c) Net Contributions | (cc) Line No. 7(c) Net Operating Expenditures | | |
| A | | | | | |
| B | | | | | |

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| Federal Election Commission | | |
|--|----------------------------|-------------------------------|
| ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS | | |
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| <input type="checkbox"/> Hand Delivered | | Date of Receipt |
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| <input type="checkbox"/> USPS Priority Mail | | Postmarked |
| <input type="checkbox"/> USPS Priority Mail Express | | Postmarked |
| <input type="checkbox"/> Postmark Illegible | | |
| <input type="checkbox"/> No Postmark | | |
| <input type="checkbox"/> Overnight Delivery Service (Specify): | | Shipping Date |
| | Next Business Day Delivery | <input type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office | | Date of Receipt |
| <input type="checkbox"/> Received from Senate Public Records Office | | Date of Receipt |
| <input type="checkbox"/> Received from Electronic Filing Office | | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | | Date of Receipt or Postmarked |
| PREPARER <i>MP</i> | | 7/20/2016 DATE PREPARED |

DATE PREPARED

7/20/2016